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PROGRAMME DEVELOPMENT IN THE MIDDLE EAST AND NORTH AFRICA

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the Middle East and North Africa region during 1990.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries and territories: Algeria, Bahrain, Cyprus, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, Turkey, United Arab Emirates and Yemen, as well as the West Bank and Gaza.

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I. POLITICAL AND SOCIO-ECONOMIC DEVELOPMENTS AFFECTING CHILDREN

1. During the closing months of the past year, a political and military crisis, still unfolding at the time the present document was written, enveloped the Middle East and North Africa region. The invasion of Kuwait and its aftermath shocked or damaged all the region's economies, both strong and weak. Oil prices doubled, hundreds of thousands of foreign workers returned home and both interregional trade and workers' remittances vanished overnight. The events of August to December 1990 overshadowed even the impending famine in the Sudan and a military confrontation in Lebanon. Needless to say, the upward momentum of programmes to protect children and mothers was seriously affected.

2. By mid-1990, the Middle East and North African countries were well on their way to achieving the 1990 goal of reducing the infant mortality rate (IMR) to one half its 1980 level. Moreover, all but three countries seemed ready in the new decade to move beyond child survival activities to those involving child development and protection as well. However, the situation between Iraq and Kuwait and its sequelae abruptly clouded this outlook. In the countries seriously affected early in the crisis - especially, but not only, Djibouti, Jordan and Yemen - the only clear signal in the rapidly deteriorating situation was that the recently created fragile protection for children was in danger of disintegrating. Now across the region, except in oil-producing countries, it seems probable that many middle-income families will be impoverished and the poor will face further desperation. Even massive infusions of cash would probably not prevent an increase in the number of countries in the region with low or lower-middle per capita gross national products (GNP) in the next year or two. The present group in that category, Djibouti, Egypt, Morocco, the Sudan and Yemen could grow to include Jordan, the Syrian Arab Republic and Tunisia, raising to nearly 60 per cent from the current 40 per cent the proportion of countries with annual per capita incomes under $900.

3. It seems clear that the Middle East and North African region will be a tense and poorer one in the new decade, its countries hard put to retain past levels of child protection, let alone meet the ambitious goals set at the World Summit for Children. The hope is that the momentum of progress achieved before the crisis may help to carry some, if not all, countries forward.

II. HIGHLIGHTS OF PROGRAMME, REGIONAL COOPERATION AND MANAGEMENT ISSUES

A. Universal child immunization by 1990

4. During the past year, all countries in the region positioned themselves to reach the goal of 80 per cent coverage by December 1990. In the past 12 months, the Sudan and Yemen have raised their immunization coverage dramatically - the Sudan benefiting from the personal involvement of the President and Yemen from unification. War-torn Lebanon carried out its first nation-wide coverage survey, yielding the first basic indicators on child

survival since the 1960s and the first firm evidence that all regions of the country but one are well over the universal child immunization (UCI) goal of 80 per cent. Special targeting action is under way to extend this achievement nation-wide for all six antigens of combined diphtherial/pertussis/tetanus, measles, polio and anti-tuberculosis vaccines. Coverage in the large countries - Egypt, the Islamic Republic of Iran and Turkey - has stabilized between 80 and 88 per cent, and in others it approaches 90 per cent. The momentum of routine high immunization coverage can also help to strengthen services in maternal and child health (MCH), the control of diarrhoeal diseases (CDD) and other areas likely to be affected by budget cuts.

B. Mortality reduction

5. Infant and child mortality reduction is a high political priority in Middle East and North African countries, as shown in the IMR survey results in October 1990 for the Syrian Arab Republic. Using the indirect estimate method, IMR was 44 per 1,000 live births and the under-five mortality rate (U5MR) was 56 per 1,000 live births. Political concern about protecting national mortality reduction achievements can provide vital leverage for general child health advocacy in the difficult coming months and years.

C. Safe motherhood

6. Reducing maternal mortality is also a high priority in the region for the 1990s. At a September 1990 meeting at Damascus Arab Health Ministers stated that mothers, managing successfully to bring their children through the dangers of early childhood, must have their own health and survival ensured. To monitor the goal of halving maternal mortality by the year 2000, countries in the region began to collect baseline data for 1990 this year, including the "sisterhood question", a key element in the collection of maternal mortality data, in their coverage surveys. The high levels of maternal mortality in Djibouti, Iraq, the Syrian Arab Republic and Yemen clearly indicate the need for interventions to improve maternal health and nutrition. Moreover, the figures can also be an effective advocacy tool. By the end of 1991, all Middle East and North African countries are expected to complete the data collection and advocacy process. New programming initiatives are already under way, particularly in Djibouti, which has the region's most acute maternal mortality risks with rates as high as 750 per 100,000. New evidence in 1990 shows that fertility is declining in countries such as Tunisia and Turkey. Most countries have already begun advocating birth-spacing, and the Islamic Republic of Iran has moved to scale in its promotion of safe, effective contraceptives.

D. Action-oriented school health

7. This promising joint UNICEF/United Nations Educational, Scientific and Cultural Organization (UNESCO)/World Health Organization (WHO) programme, one of the Arab region's presentations at the World Conference on Education for All at Jomtien, Thailand, made progress in 1990, especially in Bahrain and Jordan. The programme should have natural synergism with education-for-all programmes, and can help to reinforce budget-weakened primary health care (PHC) activities by shifting health education and local mobilization responsibilities to primary school teachers.

E. World Summit for Children

8. The Summit and the events that led up to it in the region - national symposia, children's congresses, an Arab mini-summit and intensive media activities - made an important impact on public awareness. Energetic post-Summit efforts to enlist signatories for the Declaration and push towards a set of readily reachable goals and targets can be a means of moving countries past the shock of the crisis between Iraq and Kuwait.

9. These strong foundation pieces - UCI and IMR successes, education initiatives and the Summit - were the region's sustaining bright spots in 1990. UNICEF country offices must build on them to preserve momentum despite the effects of the crisis.

F. The girl child

10. As a priority for the 1990s, Middle East and North African country programmes have developed or plan to develop strategies and activities to narrow disparities between boys and girls. The Arab Council for Childhood and Development has been a partner in this process, as has the League of Arab States (LAS). A sign of their advocacy success has been the decision taken by Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates to undertake situation analyses of disparities between boys and girls so that national strategies to reduce differences can be formulated. The Middle East and North African Regional Office has prepared a database on sex differentials in child survival and development (CSD) indicators and each office has undertaken similar country-level analyses. The regional consensus is that reducing educational disparities between boys and girls will help to correct, over the long term, disparities in other CSD indicators.

G. Emergencies

11. In response to the emergency created by the situation between Iraq and Kuwait, relief activities were undertaken in three broad phases. UNICEF assistance during the first phase, between August and December 1990, was closely coordinated with the Government of Jordan, United Nations agencies and non-governmental organizations (NGOs) to help to provide tents, blankets, mattresses, water supply and sanitation facilities and health supplies at six camps for refugees and evacuees entering Jordan from Iraq and Kuwait. Approximately 1.3 million refugees entered the country, severely straining the economy of Jordan, already adversely affected by the economic consequences of the situation in the region. The country expended $55 million of its own resources for emergency assistance to the refugees, only a small proportion of which has been reimbursed by the international community. In mid-December, UNICEF also arranged delivery of a shipment of paediatric medical supplies valued at approximately $318,000, excluding vaccines, weighing scales and birthing kits, to Iraq.

12. The outbreak of hostilities in mid-January 1991 generated the second phase of relief operations. Massive numbers of additional refugees from Iraq were expected to flee into the Islamic Republic of Iran, Jordan, the Syrian Arab Republic and Turkey, and the United Nations, under the leadership of the Office of the United Nations Disaster Relief Coordinator (UNDRO), prepared a regional humanitarian plan of action establishing refugee camps in the four countries. Within the plan, UNICEF was given responsibility for water supply and sanitation and was allocated $3.5 million by UNDRO. UNICEF released $2.4 million from its emergency funds, primarily for health and shelter supplies. Fully operational camps were created in all four countries. However, because the number of refugees - estimated at 40,000 - was far lower than originally expected, requests were made to divert funds to relief operations inside Iraq.

13. The third phase of assistance, from mid-February to mid-March 1991, involved efforts to ascertain and address the pressing health needs the conflict had created among children and women in Iraq and Kuwait. WHO and UNICEF organized a special mission to Baghdad in mid-February. Its disturbing findings included the fact that drugs and vaccines were in critically short supply, with the paediatric medical supplies delivered by UNICEF in mid-December being the only medicines and vaccines in evidence. The seven-member mission delivered 54 tons of urgently needed medical supplies to health authorities in Baghdad for distribution in all areas under their control and in its report recommended that further emergency relief shipments of essential humanitarian health supplies be organized to meet the needs of the population. The mission also identified the lack of safe drinking water as a critical problem in Baghdad, where 95 per cent of the population had to depend on the Tigris River for all water needs. Sewage treatment systems had been destroyed and, because of power and fuel shortages, it had become impossible for people to boil water, exacerbating the risk of epidemics from water-borne diseases. A shortage of food for infants and young children was also noted. A mission from New York headquarters and the Gulf Area Office in

Riyadh, Saudi Arabia, also met with Kuwaiti officials in Saudi Arabia and, within days of the cessation of hostilities, visited Kuwait to ascertain the priority needs of women and children in the country. One of the priorities identified was the need to address the psychological effects of the war on children.

14. A separate conference room paper will be available providing an update on the situation and describing in much greater detail all aspects of the crisis in the region.

H. Children in especially difficult circumstances

15. Children in the Sudan, Lebanon and the occupied territories of the West Bank and Gaza are the region's persisting concern, as emergency operations to assist them have settled into appalling routines and the enormous miseries inflicted on children no longer even seem to shock. International action has diminished as conditions have worsened. In the Sudan, UNICEF remains one of the few agencies on the ground. The UNICEF representative and national staff in Beirut have maintained a lonely, dangerous vigil and in 1990 won the first UNICEF Staff Award for meritorious service.

I. Monitoring and evaluation

16. The Middle East and North African region has made hard information its stock-in-trade, turning monitoring and evaluation results into a rich assortment of advocacy materials presented in many forms. Whole programmes and government policy, usually at the national level, are the focus, not individual projects. Every country in the region now has current child mortality estimates, and 1990 saw a second generation of rapid child mortality surveys. The clear, step-by-step instructions contained in the new Middle East and North African Regional Office handbook, Child mortality: a guide for simple surveys could be useful to country offices worldwide.

J. UNICEF participation in United Nations operational activities

17. The impetus to inter-agency cooperation witnessed in 1989 was maintained in 1990. WHO and UNICEF have worked closely together throughout the region, not only towards UCI, but also in field-based cooperation within the action-oriented school health programme. The success of the education-for-all initiative demonstrated to the public effective collaboration among four United Nations agencies and the global results achieved. UNICEF has also played a significant role in the joint national and international relief effort to assist evacuees from countries in the region in transit through Jordan. At the time the present report was written, the initial wave of the displaced, numbering some 800,000, had moved through Jordan in well organized stages. UNICEF has now started to prepare the camps for a further anticipated exodus and harsh weather conditions. The crisis has also precipitated the

revamping of inter-agency security committees in countries throughout the region, and UNICEF is actively participating in country-level updating and activation of United Nations security plans.

K. Future outlook

18. The economies of the region, dependent on inexpensive oil, interregional trade and migrant labourers and their remittances, have collapsed. Jordan and the Syrian Arab Republic, for example, face dramatic declines in their per capita income profiles, while the sudden forced return from Saudi Arabia of some 1 million Yemenis to their homeland threatens the newly unified country's fragile political and economic stability. A rapid review and realignment of national fiscal policies is required to ensure the protection of the most vulnerable groups and to safeguard gains made in both preventive health and basic education in recent years.

III. COOPERATION WITH REGIONAL PARTNERS

19. In July 1990, pride in CSD achievements, and unity of purpose among Arab leaders headed for the Summit, promised a further strengthening in the 1990s of the regional alliances that had built such an extraordinary record in saving children's lives over the past decade. UNICEF has woven close partnerships with all regional partners. Under the guidance of LAS, shared policies and target-setting for children entered the standard roster of ordinary meetings, such as those of the Arab Health Ministers, as well as those of extraordinary gatherings, such as the mini-summit held at Tunis during July 1990, in collaboration with the League and the Arab Council for Childhood and Development.

20. Subregional groupings further strengthened this process of cooperation. The oldest of these was the Gulf Cooperation Council (GCC). The Arab Cooperation Council, comprised of Egypt, Iraq, Jordan and Yemen has recently begun to address the same concerns. In North Africa, the Maghreb Union countries of Algeria, the Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia made UCI the unifying core of their shared programmes.

21. Today, however, those subregional alliances are in disarray. GCC faces problems, with its leading member, Kuwait having been operating from a tenuous position in exile in Saudi Arabia. The Arab Cooperation Council has disappeared altogether. Only the Maghreb Union continues to bind member countries in concerted actions to accelerate the expanded programme on immunization (EPI) by the end of 1991.

IV. OFFICE MANAGEMENT

22. The Middle East and North African region continued to maintain a presence in 17 country and suboffices over the course of 1990. However, as the year draws to a close the Aden office, formerly the country office of Democratic Yemen, will close and the office in Sana'a will administer what previously were two country programmes (see paras. 24-27 below).

23. Country programme ceilings for general resources were low in 1990, with 74 per cent of country programmes having ceilings of $500,000 or less. Creative use of resources, therefore, included the exchange of technical expertise among offices with all levels of staff involved. However, from 1991, the ceiling for general resources will be raised to $750,000. A survey on computerization in Middle East and North African field offices showed that virtually all the offices in the region have invested substantially in upgrading their information management and retrieval systems. The Sana'a office, in particular, has made outstanding progress in software development and staff training for the purposes of both advocacy and office management.

V. YEMEN

24. Special note is made here of the merging, on 22 May 1990, of Yemen with the Democratic Yemen to form a single nation, the Republic of Yemen, known as Yemen. With a population of almost 12 million, the country is the most populous in the Arabian Peninsula and faces major challenges in social and economic development. IMR at 119 per 1,000 live births and U5MR at 195 per 1,000 live births are the highest in the Middle East and among the highest in the world. Approximately 90 per cent of women are illiterate and girls make up barely 20 per cent of the primary school population.

25. Yemen has been one of the countries most affected by the situation between Iraq and Kuwait. The loss of revenue derived from oil refineries and the return of over 1 million Yemenis from bordering States has increased the number of unemployed, deprived families of their only source of income and added to the economic burden of the new State. These issues have compounded existing difficulties, including food shortages and spiralling prices.

26. The UNICEF programme of cooperation will continue to build on past experience and successes, the most remarkable of which was the achievement of UCI by 1990. Given the present situation, UNICEF assistance will centre on child survival, while analysing and developing goals and strategies for child development and protection in the context of recent developments.

27. The programme of cooperation for the country as a whole now incorporates the two ongoing country programmes, for Yemen (1987-1991) approved by the Executive Board in 1987 (E/ICEF/1987/P/L.27), and for Democratic Yemen (1991-1995) approved in 1990 (E/ICEF/1991/P/L.20). General resources approved by the Executive Board for these two programmes are sufficient to implement a revised and unified programme for Yemen until 1992. The UNICEF country

office, in close cooperation with the Government, will prepare a new programme of cooperation for the period 1993 to 1997 and submit it for approval to the Executive Board at its 1993 session.